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ABSTRACT

This booklet is designed to assist families, child care providers, and advocates in planning and delivering child care for children with disabilities and special health care needs. The booklet defines the term inclusion and discusses common misconceptions about children with special needs and disabilities. It explains what the Americans with Disabilities Act (ADA) requires of child care providers, using a question and answer format. The team approach to providing services for children with special needs is described and the role of the child care provider on the team is discussed. Section 504 of the Rehabilitation Act and the major early childhood provisions of the Individuals with Disabilities Education Act (IDEA) are also reviewed. The booklet then provides lists of national organizations and other resources for children with special needs, a list of commonly used acronyms and abbreviations, descriptions of common medical conditions and disorders, a dictionary of special education terms, and six references. (SG)

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Understanding Inclusion and the Americans with Disabilities Act (ADA)

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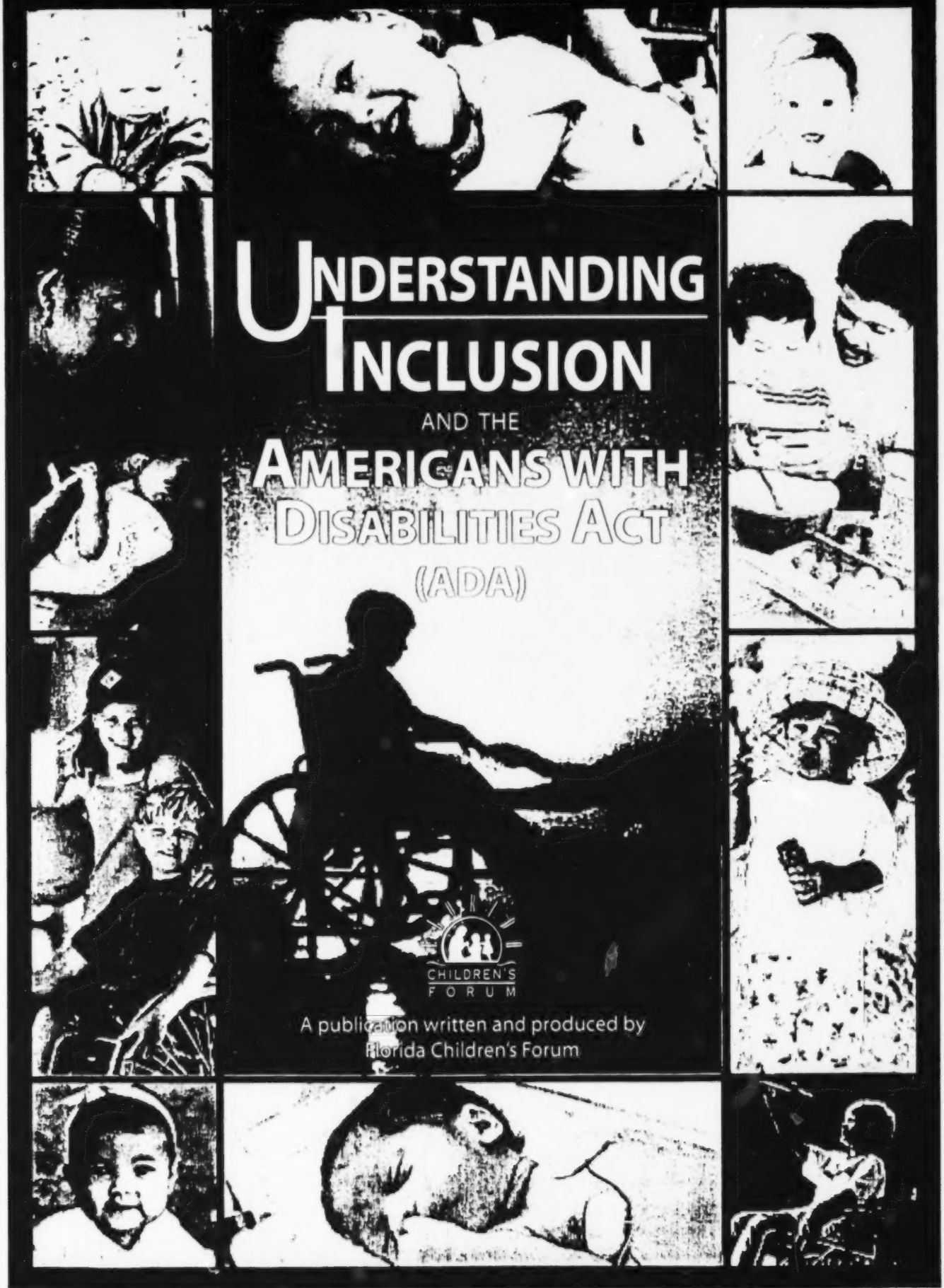

UNDERSTANDING INCLUSION

AND THE

AMERICANS WITH DISABILITIES ACT (ADA)

CHILDREN'S FORUM

A publication written and produced by
Florida Children's Forum

UNDERSTANDING INCLUSION

AND THE

AMERICANS WITH DISABILITIES ACT (ADA)

A resource to assist families, child care providers and advocates in planning and delivering child care for children with special needs

This booklet was made possible through the generous contributions of the

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TABLE OF CONTENTS

Introduction 4

Common Misconceptions 5

Benefits of Inclusive Child Care 6

Questions Frequently Asked by Providers of Care for Children With Special Needs 7

Using the Team Approach 10

Resources for Children with Special Needs and Their Families 13

National Organizations 15

Acronyms and Abbreviations 17

A List of Medical Conditions & Disorders 19

Dictionary of Terms Used in Special Education 22

References 25

Inclusion Advisory Council 26

INTRODUCTION

What is Inclusion?

The Division of Early Childhood of the Council for Exceptional Children defines inclusion as:

"A value that supports the right of all children, regardless of their diverse abilities, to participate actively in natural settings within their communities.

A natural setting is one in which the child would spend time had he or she not had a disability. Such settings include but are not limited to home and family, play groups, child care, pre-schools, Head Start programs, kindergartens, and neighborhood school classrooms."

COMMON MISCONCEPTIONS

MISCONCEPTION:

All children with special needs require extra time and complicated care.

FACT:

No two children are alike; regardless of whether or not they have disabilities. Some children who have disabilities will need special care. Others will need little or no additional care. Like all children, children with special needs have unique personalities, strengths, interests and abilities. They are as diverse as any other group of children.

MISCONCEPTION:

All disabilities are visible.

FACT:

There are many types of disabilities; some are easily recognized, such as physical impairments or cerebral palsy. Other disabilities may not be apparent. These include visual impairments, hearing impairments, emotional or behavioral disorders, and learning disabilities.

Whether a disability is apparent or not, children must not be judged by a diagnosis. **It is important that caregivers take the time to get to know each child as an individual.**

MISCONCEPTION:

All children with mental disabilities have challenging behaviors.

FACT:

Just because a person has a mental disability, it does not mean that he or she has behavior problems. As with any group of children, those with special needs may have challenging or aggressive behaviors. Often this behavior is due to a child's frustration due to an inability to effectively communicate her/his needs. A patient, understanding caregiver can help by learning the child's signals, routines, likes and dislikes.

MISCONCEPTION:

Children with special needs should associate only with other children with special needs.

FACT:

All children benefit from associating with a wide range of individuals. All children, including children with special needs, gain valuable learning experiences by being together.

BENEFITS OF INCLUSIVE CHILDCARE

Inclusive services help to ensure that children with and without disabilities experience the benefits of living and growing together.

Inclusive practices help create an atmosphere in which children are better able to accept and understand differences among themselves. Children begin to realize and accept that some people need to use wheelchairs, some people need to use hearing aids, and some use their arms and legs in different ways.

Children, families, child care providers, and the community all benefit by supporting inclusion.

Benefits for Children:

- Children develop friendships and learn how to play and interact with one another
- Children develop a more positive image of themselves and a healthy attitude about the uniqueness of others.
- Children are provided with models of people who achieve, despite challenges
- Children with special needs have opportunities to learn new skills by observing and imitating other children
- Children are encouraged to be resourceful, creative and cooperative

Benefits for Families:

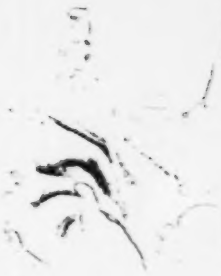
- All families are supported to learn more about child development
- All families have the joy of watching their children make friends with a diverse group of children
- All families have an opportunity to teach their children about individual differences and diversity
- All families have an opportunity to talk with other parents and realize they share many of the same frustrations, concerns, needs, hopes, and desires for their children
- All families have access to child care

Benefits for Child Care Professionals

- Caregivers grow professionally by developing new skills and broadening their perspectives on child development
- Caregivers have an opportunity to learn about and develop partnerships with other community resources and agencies
- Caregivers learn to communicate more effectively and work as a team
- Caregivers build strong relationships with parents
- Caregivers enhance their credibility as quality, inclusive child care providers

Benefits for the Community:

- A community becomes more accepting and supportive of all people.
- A more diverse community leads to more creativity, possibilities and opportunities.
- Inclusion helps adults with disabilities to be better prepared for the responsibilities and privileges of community life.



QUESTIONS FREQUENTLY ASKED BY PROVIDERS OF CARE FOR CHILDREN WITH SPECIAL NEEDS

WILL ADMITTING CHILDREN WITH DISABILITIES DISRUPT MY DAY-TO-DAY FUNCTIONING?

No. You will still be able to use developmentally appropriate practices that emphasize individual growth patterns, strengths, interests, and experiences of young children. It will be relatively easy to integrate children with disabilities into a developmentally appropriate setting. Most changes are quite simple. For example, tactile materials can be used to meet the needs of a child with a visual impairment. Loving, caring, time, ingenuity, and good planning are among the ingredients needed to care for a child with disabilities.

WILL I NEED SPECIAL TRAINING TO CARE FOR A CHILD WITH DISABILITIES?

It depends on the child. Good basic child care skills and knowledge of child development are the foundation for quality care for all children. If caring for a child with disabilities does require additional skills, parents can often give you the training and information you need. Professional specialists who work with the child can also share tips, advice and strategies. Research indicates that specialized instruction is an important component of quality inclusive care. Support and technical assistance from parents and specialists may help to address a child's individual needs.

HOW DO I ANSWER QUESTIONS FROM OTHER CHILDREN ABOUT A CHILD'S DISABILITY?

Children are curious by nature. They ask questions about differences in people. When children ask questions, give them honest and straightforward answers. Always use the child's name in your answer. For example, "Chris gets food from that tube, just like you use a spoon." Parents of children with special needs often become experts in dealing with questions from children and adults. Ask them for tips in answering any questions you are not sure about.

WHAT IF OTHER CHILDREN'S PARENTS ARE CONCERNED THAT A CHILD WITH SPECIAL NEEDS WILL TAKE TIME AWAY FROM THEIR CHILD?

It is not unusual for parents to fear that a child with special needs will take time and attention away from their child. Talk openly with parents about their concerns. Encourage them to share any concerns that they have now or later. When you are doing these things, remember to respect the privacy of all families in your program. Do not share any personal information without first getting permission from the child's parents.

TIP: Share the "Benefits" Section of this guide with parents. Point out the benefits of inclusion to ALL children. Invite parents to be involved in your program and to participate in inclusive activities.

I HAVE A SMALL BUSINESS. HOW CAN I POSSIBLY MAKE ALL OF THE NECESSARY CHANGES?

The law has been crafted so the needs of the small business person were considered. Changes must be reasonable and easily achievable. For example, in most cases it is relatively inexpensive to build a ramp, widen one exterior door, and equip a unisex bathroom (with appropriate signage, two grab-bars, elevated stool, open handled door handles, and a wider door). In addition, you might want to consider installing indoor-outdoor carpeting to help ensure the safety of children.

Costly structural changes are absolutely not required if affordable alternatives are available (e.g., providing pitchers and cups rather than raising or lowering water fountains or changing a hinge on a door to facilitate wheelchair clearance rather than knocking down a wall).

WHAT DOES THE AMERICANS WITH DISABILITIES ACT (ADA) REQUIRE OF CHILD CARE PROVIDERS?

1. Remove barriers or provide alternative services so that facilities, services, programs, transportation, and communication are available to all children. For example, using a car to transport physically impaired children, rather than an on-lift bus or using the Florida Relay System instead of purchasing a TDD for deaf or hearing-impaired children or their families may be reasonable alternatives.
2. Consider a child's disability as merely a characteristic of the child. Do not deny admission based upon the disability.
3. Realize that if you, as either a center or home care provider, are receiving a subsidy for some children and also have some children for whom parents are paying, you must comply with Title II (public services) and Title III (public accommodations). The latter title specifies child care.
4. Eliminate any program standard that may result in children being screened out of your program. For example, if feeding themselves was a requirement, then some children with muscle spasticity could never enroll.
5. Revise the current enrollment form that you use for all children so that it includes asking parents if there is anything your staff needs to know to better care for their child including, but not limited to: allergies, sleep habits, hearing aids, needing a pacifier, wearing glasses, seizure disorder, other disability issues and custody issues.
6. Permit children with disabilities to have access to facilities, programs, services, communication and transportation at your center or home facility. In addition, depending upon the size of the facility and sources of funding, you may be required to comply with the employment provisions of Title I. As of July 26, 1995, any center with 15 or more employees must comply with Title I. If in doubt, consult your attorney.

In short, child care providers in both centers and homes are required to make programs, services and facilities available to children with disabilities. However they are not be required to add programs or services that are not provided for all other children. For example, if children ages 3-5 need to be potty trained to be admitted then the same rule would apply to children with disabilities. The ADA provides for equality, NOT for additional rights.

In this case, by spending a little money on renovations, you may be able to obtain tax credits from the IRS. Consult your tax advisor!

ARE FAMILY CHILD CARE HOMES ALSO RESPONSIBLE FOR THE IMPLEMENTATION OF ADA?

In general, the same rules apply. Children with disabilities must be able to get to, get in and use the facility. Family child care providers should participate in workshops in their area to learn about ADA. Becoming familiar with the needs of those with disabilities is a responsibility of the provider. Only those portions of the family child care home used in caring for children with disabilities must be made accessible.

CAN I REFUSE TO ADMIT A CHILD WHO HAS A DISABILITY IF I HAVE A POLICY TO THAT EFFECT?

No! In the past, various child care facilities have excluded children based upon policies. These policies are no longer possible and will not excuse you from meeting the ADA requirements. As long as the child with disabilities can be integrated and his or her needs can be reasonably accommodated, providers, regardless of size, will be obligated under the ADA to admit the child.

MUST I PROVIDE SPECIAL TOYS OR EQUIPMENT FOR CHILDREN WITH DISABILITIES?

Only in instances where the inclusion of the child with a disability in activities, programs, or services is contingent on the availability of that service, equipment, or toy. For example, it may be necessary to secure an interpreter, or a closed caption decoder, depending on the age and needs of a child with a hearing impairment. However, in many instances you can acquire the device from associations at no cost.

WHAT ARE MY RESPONSIBILITIES FOR ADA AS A BUSINESS PERSON?

As a child care center or family child care provider, you must be concerned about how ADA affects not only children but also possible employees who happen to have a disability. This includes anyone

- having a mental or physical impairment that limits one or more life activities;
- having a record of impairment; or,
- having been regarded as possessing an impairment.

This law is unusual because it

- helps children with disabilities to be admitted to a regular child care or family child care facility. Disability alone cannot be a reason for denial.
- makes it necessary to give consideration to qualified individuals with disabilities when employment opportunities become available at the child care or family child care facilities.
- requires that places of commerce (private businesses such as child care centers or family child care homes) make their programs, services, facilities, communication, and transportation accessible to individuals with disabilities.

ADA is NOT an affirmative action law. The child care or family child care provider has every right to employ the most qualified applicant. However, well-written policies and job descriptions are essential. Assessment procedures must fairly measure the potential of each applicant. Employers must be trained to interpret the Act's provisions correctly when several applicants appear to be equally qualified. Finally, the provider must avoid making judgments based on disability rather than ability. For example, it is illegal to ask how a disabled applicant would manage a lift on a bus. You could ask them to demonstrate how they would accomplish the task. You would have to ask every applicant to demonstrate the same thing.

WHAT HAPPENS TO MY LIABILITY INSURANCE WHEN I ENROLL A CHILD OR PERSON WITH A DISABILITY?

ADA requires that ALL child care centers and family child care facilities serve children with disabilities. The ADA does not prohibit insurers from canceling or not renewing the policy based upon provision of programs or services to children with disabilities. However, there is little evidence that insurers raise rates for inclusive settings. Daily rates for ALL parents could be changed – spreading added costs among ALL families just as you would do with other expenses.

ARE THERE SPECIAL BOOKKEEPING NOTATIONS NECESSARY WHEN WE ENROLL A CHILD OR PERSON WITH A DISABILITY?

Not really. However, it is important to spell out the parent's payment responsibilities in the event of the child's absence, as should be done for all children. You should also keep accurate health and medical records on all the children enrolled in your program.

CAN I GET A TAX BREAK FOR MAKING SPECIAL ACCOMMODATIONS?

Most likely you will not have to make major changes or spend extra money to serve children with special needs. If you do, you may be eligible for federal tax breaks to small businesses that make special accommodations for persons with disabilities. IRS Publication No.907 provides information on these provisions. You can get the publication by calling the IRS at 1-800-829-3676.

IF I RENT SPACE FOR MY CHILD CARE FACILITY, WHO PAYS FOR CHANGES TO MEET ADA REQUIREMENTS?

The law is really unclear on this issue. ADA only suggests how to handle this obligation. The law says that both the landlord and the tenant are responsible. A general rule for implementation is:

- The landlord should be responsible for "readily achievable" barrier removal and assistive devices located in "common areas" within a multiple unit structure such as an apartment or commercial building.
- The tenant is responsible for making changes (that are readily achievable and with prior permission of the landlord) inside the rental unit used for child care.

As you renew your lease, you should clarify these obligations. Remember you must obtain the landlord's written permission prior to making any permanent modifications to the structure unless you have blanket permission to do otherwise.

USING THE TEAM APPROACH

Being on the Child's Team

Many children with special needs receive services from a team of people. The team begins with the family and may also include a speech therapist, physical therapist, support coordinator, occupational therapist, early intervention/early childhood special education specialist (for children birth to five), special education teacher (for children six to 21), nurse, or mental health therapist. As a child care provider you can be an important part of this team.

What can you offer to the team?

As a child care professional you spend many hours with a child. You can see the child interact with other children, see changes in his or her growth and development, and see signs of illness or distress.

This gives you important information to share with others who are working with the child. Your information will help team members know a child better and help them set appropriate goals for the child to work toward.

Specialists may ask for specific types of information, such as changes in a child's behaviors or times when the child's energy levels are very low. Writing down brief notes will help you remember and share this information. You can also help team members to remember the positives! Therapists must often focus on concerns, so you can play an important role by pointing out gains the child has made in your setting.

How can others on the child's team help you?

"Teaming" with parents and professionals can be an extra benefit of caring for a child with special needs. With the parent's permission, service providers can:

- Help you learn how to respond to certain behaviors.
- Help you know which things a child can or cannot do.
- Explain how to handle special health care needs.
- Let you know when you need to be especially careful with a child.
- Tell you about other helpful services and resources.

A specialist may even be able to provide services in your child care setting. For example, a therapist might come to help a child with physical therapy exercises (which gives you a chance to learn, too).

How do I become part of a child's team?

Ask parents about services their child is receiving. Be clear that you are only interested in the information they wish to share. Ask for permission to talk with service providers and determine if there are particular things that the parents want you to share with the providers.

Parents can tell you about the types of professionals that are working with their child and how to contact them. Encourage parents to give your phone number to service providers so they can call you with their questions. Be sure to have parental permission before you talk to a specialist. Agencies will usually require written permission prior to discussing a child with you.

Being Part of a Plan

Each child from birth to 36 months who is receiving Department of Health/Children's Medical Services/ Early Intervention has a Family Support Plan (FSP). A school age child (age 3 to 21) receiving special education service will have an Individualized Education Plan (IEP). The child's team (family and service providers) develops these plans. FSP's and IEP's include goals and resources to increase the child's ability to learn. With parental permission, you may ask for a copy of the FSP and IEP. Knowing what the plan says will help you assist a child in meeting his or her goals. Parts of the plans may even be implemented in your child care facility.

Parents may request that you be involved in developing a child's FSP or IEP. FSP and IEP meetings usually take place at least once during the year. If you are able to attend, take notes during the meeting so you can refer to them when needed. You can also bring your notes about things you have observed in your child care setting. This will help you share the child's accomplishments. Parents can request that meetings take place at times and locations that are accessible to you. Ask if this is a possibility for team meetings, at least on an occasional basis. If you cannot go to meetings ask what information you can send with parents or call in to other team members. Ask them to keep you updated, especially about any decisions made at the meeting that relate to your time with the child.

I.D.E.A.

Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA) requires states to provide a free appropriate public education to eligible children and youth with disabilities. The 1997 revisions to the Act strengthened early childhood services. There are three major provisions:

- Part C Infants and Toddlers Program
- Part B Education for Children with Disabilities Ages 3 through 21
- Section 619, the Preschool Grants Program

Part C

Included in this act is Part H/C (federal entitlement program); a statewide, community based, comprehensive, coordinated, family-focused, multidisciplinary, interagency program of early intervention services for infants and toddlers with established conditions or developmental delays and their families.

The Part H/C program serves infants and toddlers from **birth to 36 months** who have an established medical condition that places them at high risk for developmental disabilities or who have a developmental delay.

FAMILY SUPPORT PLAN (FSP)

Part H/C services include identification, evaluation, service coordination, and Family Support Plan (FSP) development, as well as early intervention services such as physical therapy, occupational therapy, special instruction and family support services. Services are based on the concerns and priorities of the child's parents and FSP team and the outcomes described in the plan. The program was implemented in Florida in September 1993 through the Department of Health, Children's Medical Services/Early Intervention Program.

This plan is developed by the family and early intervention team and explains what services a family will receive. Once needs are identified, the plan is used to ensure the services are provided.

The FSP should include:

1. How your baby is growing and learning
2. Your family's concerns, priorities and resources
3. Major things the family wants to happen to their child (outcomes)
4. Services a family may need to help their child grow and learn
5. Dates when the services will start
6. How often services will be given
7. Where services will be given
8. How long services will continue
9. Name of their primary service coordinator
10. Transition plans for the child as their needs change and as the goals for the child and family are achieved
11. Required signatures
12. Who will pay for the services

I.D.E.A.

Individuals with Disabilities Education Act – Part B

Part B applies to children with disabilities ages **three through twenty-one**, who have not graduated from high school. This part of the law entitles eligible children to receive special education and related services. A child is eligible when the requirements listed in the State Board of Education Rules for Exceptional Student Education have been met.

The special education program provides teaching, special materials, and other needed educational services. The program must be appropriate, free of charge and set up to meet the needs of the child as agreed upon by the parents and the school. Decisions about the child must be made after an individual evaluation. The program for the child must be described in writing in an Individual Education Plan (IEP). For students ages three through five years, a Family Support Plan (FSP) or an IEP may be written. Decisions about the child must be made with the parents. The program is administered through the Florida Department of Education. The local school board or district office can provide the name and phone number of the Administrator, Exceptional Student Education.

NOTE: It is ***optional*** for the local school boards to serve children ***birth to 36 months*** who meet the eligibility criteria for Part C.

INDIVIDUAL EDUCATION PLAN (IEP)

Every child who receives Exceptional Student Education (ESE) services has an IEP that describes the student's needs, educational goals and the types of educational and related services the child will receive at school. Some children with disabilities receive physical, speech and/or occupational therapy in the school setting. While children are receiving ESE services, they may not have a service coordinator or support coordinator through the school, someone such as a teacher or therapist will coordinate the child's educational program.

Section 619

The Preschool Grants program, authorizes grants to all states for services for children with disabilities ages three through five and for continuity of special education services for children moving out of Part C.

Section 504 of the Rehabilitation Act

Prohibits discrimination against children and adults on the basis of a disability by any program or activity receiving federal financial assistance. Section 504 applies to public or private preschools, child care centers, Head Start/Early Head Start, or family child care homes that receive federal funds either directly or through a grant, loan, or contract.

RESOURCES FOR CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES

Head Start Services to Children with Disabilities

Since 1972, Head Start programs have reserved at least 10 percent of their enrollment for children with disabilities. The Head Start Performance Standards assert that all eligible children, including children with disabilities, are to receive Head Start services and be included in the full range of activities normally provided to all Head Start children. These programs must also make provisions to meet the special needs of children with disabilities as specified in each child's IEP or FSP. Head Start programs work closely with Local Education Agencies and other service providers to provide a continuum of services that consider the needs and strengths of each child.

Early Head Start services are available for children from birth to age three, and regular Head Start services are available for children from age three to mandatory school age. The emphasis on family focused services in Head Start ensures that the program addresses the resources, priorities and concerns of the family and supports the family in meeting the developmental needs of their child.

Developmental Services (DS)

Developmental Services for children age three through school age focus mainly on supports in the home and do not duplicate services provided through the school. Depending on the eligibility of the child, services may be funded through State General Revenue or through the Medicaid Home and Community Based Waiver for the Developmentally Disabled. Funding for these services is limited and might not be available in all areas of the state. No matter how a child receives services through the DS program, they will have a support coordinator to determine eligibility for the program and identify supports available to the child and family. Many adults with developmental disabilities also receive services and supports from the Developmental Services Program Office, Department of Children and Families. An array of services is available and can include supported employment or day training programs, homemaker respite services, transportation, behavioral training, therapy services, equipment and supplies.

Subsidized Child Care

Subsidized Child Care is a privatized system based on income eligibility and parental choice. The Department of Children and Families has historically contracted with 25 community-based Child Care Coordinating Agencies serving all 67 counties. The source of those dollars is federal, state, and local matching funds. The Florida Partnership for School Readiness assumed the lead agency role for the federal Child Care and Development Block Grant late in 2000. Subsidized Child Care dollars will be administered under the direction of local school readiness coalitions.

The local agencies make child care available through vouchers or subcontracts with private centers, family child care homes, faith-based providers, legally-exempt providers and relatives. Parents choose the child care provider that best meets their family's needs. Young children in the Subsidized Child Care Program currently represent more than 14% of the children birth to five enrolled in Florida, and are using 11,318 different providers. School-age children receiving subsidies represent more than 20% of those enrolled in licensed and exempt school age programs.

Child Care Resource and Referral Network

The Department of Children and Families has contracted with a private, nonprofit agency, the Florida Children's Forum, to manage Florida's Child Care Resource and Referral Network (CCR&R). The Child Care Resource and Referral (CCR&R) Network was established by statute (402.27.F.S.) in 1989 for two major purposes:

(1) to help parents find child care that best meets their children's needs, and

(2) to provide technical assistance in developing resources to address the availability and affordability of child care.

Along with Subsidized Child Care, the oversight of the Resource and Referral Network has been transferred to the Florida Partnership for School Readiness.

The network has expanded their services to include an Inclusion Coordinator at each child care coordinating agency to provide training and technical assistance to child care providers that serve children with special needs.

Florida Directory of Early Childhood Services Central Directory Network

Federal funds allocated through the Individuals with Disabilities Act (I.D.E.A.) and administered through Florida Department of Health, Children's Medical Services Infant and Toddler Early Intervention Program support the Florida Central Directory Network. The Department of Health has contracted with a private, non-profit agency; the Florida Children's Forum, to manage the Network.

The Florida Directory of Early Childhood Services (Central Directory) program provides information and referral on disabilities and special health care needs for families, service coordinators and other professionals that work with children with special needs.

The network has the responsibility of promoting public awareness of and education about the Central Directory and in conjunction with local planning groups providing technical assistance to the Infant and Toddler Early Intervention Programs.

CHILDREN'S FORUM

"Making Florida A Quality Child Caring State"

FCF is a statewide network of child care professionals, business and political leaders, government entities, families and individuals who share a common vision to make Florida a quality child caring state. As part of this mission, FCF conducts research, training, and advocacy on behalf of children, families, child care providers and employers. Today, after providing more than a decade of quality service in Florida, the FCF is a nationally recognized leader in the child care industry.

The Florida Children's Forum is a clearinghouse for current events, information, research, resources and policies pertaining to the child care industry and the children and families that are impacted by that industry. FCF is a national child care leader and advocates on a daily basis to improve the affordability, availability and quality of child care in Florida.

NATIONAL ORGANIZATIONS

ADA Information, National Office

The ***Department of Justice*** operates an ADA Information Line. Information Specialists are available to answer general and technical questions during business hours on the weekdays. The Information Line also provides 24-hour automated services for ordering ADA materials and an automated fax back system that delivers technical assistance materials to fax machines or modems.

Tel: (800) 514-0301 (voice)
(800) 514-0383 (TDD)
Fax: Automated fax back only
Internet: www.usdoj.gov/crt/ada/adahom1.htm

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Child Care Law Center

The Child Care Law Center is a national non-profit legal services organization founded in 1978. CCLC's primary objective is to use legal tools to foster the development of high quality, affordable child care for every child, every parent and every community.

Tel: (415) 495-5498
Fax: (415) 495-6734
Email: strohl@childcarelaw.com
Internet: www.childcarelaw.org

The Council for Exceptional Children (CEC), Division for Early Childhood (DEC)

CEC is a nonprofit organization advocating for individuals who work with or an behalf of children with special needs, birth through age eight, and their families. The Division is dedicated to promoting policies and practices that support families and enhance the optimal development of children.

Tel.: (800) 232-7733 or (303) 620-4579
Email: dec_execoff@ceo.cudenver.edu
Internet: www.dec-sped.org/dec.html

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ERIC Clearinghouse on Elementary & Early Childhood Education (ERIC/EECE)

ERIC is one of 16 clearinghouses in the ERIC system, which is part of the National Library of Education, funded by the Office of Educational Research and Improvement (OERI), U.S. Department of Education. ERIC clearinghouses identify and select documents and journal articles, and then prepare entries describing the documents and articles to be incorporated in the ERIC database, the world's most frequently used collection of information on education. Clearinghouses also publish digests, monographs, and other publications; answer questions; disseminate information on the Internet; and represent ERIC at conferences and workshops.

Tel: (800) 583-4135 (voice/TTY)
or (217) 333-1386 (voice/TTY)
Fax: (217) 333-3767
Email: ericeece@uiuc.edu
Internet: http://ericeece.org

Federal Resource Center for Special Education

The FRC is a five-year contract between the Academy for Educational Development, its partner, the National Association of State Directors of Special Education (NASDSE) and the U.S. Department of Education, Office of Special Education Programs. The FRC supports a nationwide technical assistance network to respond to the needs of children and youth with disabilities, especially students from under-represented populations.

Tel: (202) 884-8215
Fax: (202) 884-8200
Email: FRC@AED.org
Internet: www.dssc.org/FRC/index.htm

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The National Association for the Education of Young Children (NAEYC)

NAEYC is the nation's largest organization of early childhood professionals and others dedicated to improving the quality of early childhood education and programs for children. It offers many services, including publications.

Tel: (800) 424-2460 or (202) 232-8777
Fax: (202) 328-1846
Email: naeyc@naeyc.org
Internet: www.naeyc.org

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National Child Care Information Center (NCCIC)

Provider information on child care.

Tel: (800) 616-2242
Fax: (609) 758-4660
Email: bscott@nccic.org
Internet: www.nccic.org

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National Early Childhood Technical Assistance System

This is a consortium working to support states, jurisdictions, and others to improve services and results for young children with disabilities and their families.

Tel: (919) 962-2001 voice
or (877) 574-3194 TDD
Fax: (919) 966-7463
Email: nectas@unc.edu
Internet: www.nectas.unc.edu

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The National Information Center for Children and Youth with Disabilities (NICHCY)

"Topical sheets" on specific disabilities are available to the general public.

Tel: (800) 695-0285
or (202) 884-8200 (voice/TTY)
Fax: (202) 884-8441
Email: nichcy@aed.org
Internet: http://www.nichcy.org

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National Institute on Disability & Rehabilitation Research

Ten ADA regional technical assistance centers.

Tel: (800) 949-4232
Fax: (703) 525-3585
Internet: www.ed.gov/offices/OSERS/NIDRR

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Zero to Three/National Center for Infants, Toddlers and Families

This is the nation's leading resource on the first three years of life. It is a national non-profit charitable organization whose aim is to strengthen and support families, practitioners and communities to promote the healthy development of babies and toddlers.

Tel: (202) 638-1144
Fax: (202) 638-0851
Email: 0to3@zerotothree.org
Internet: http://www.zerotothree.org

ACRONYMS & ABBREVIATIONS

Disabilities, Health Conditions and Related Services

Professionals frequently use abbreviations to form acronyms to describe terms. The disability field is no exception. These are some of the more commonly used acronyms and the term each describes. These terms cover the areas of disabilities and health conditions, and services and related medical terms. This information is designed especially for parents of infants with disabilities and professionals serving those families.

Disabilities, Health Conditions and Related Services on Both National and State Levels

ADA	Americans with Disabilities Act
ADC	Adult Disabled Children; Aid to Dependent Children (more commonly called AFDC)
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
AFDC	Aid to Families with Dependent Children
AHCA	Agency for Health Care Administration
ARC	Association for Retarded Citizens
ASD	Autism Spectrum Disorders
ASHA	American Speech/Language Hearing Association
AT	Assistive Technology
BD	Behavior Disorder
BISCS	Bureau of Instructional Support and Community Services
BPD	Bronchopulmonary Dysplasia
CA	Chronological Age
CAN	Child Abuse and Neglect
C.A.R.D.	Center for Autism and Related Disabilities
CAT Scan	Computerized Axial Tomography (sometimes referred to as CT Scan)
CBC	Complete Blood Count
CCR&R	Child Care Resource & Referral
CD	Central Directory, Florida Directory of Early Childhood Services
CDB	Childhood Disability Benefit
CDH	Congenital Diaphragmatic Hernia
CEC	Council for Exceptional Children
CF	Cystic Fibrosis
CHD	Congenital Heart Disease
CHRIS	Children's Registry & Information System
CHS	Children's Home Society
CMS	Children's Medical Services
CMV	Cytomegalovirus
CNS	Central Nervous System
CP	Cerebral Palsy
CPAP	Continuous Positive Airway Pressure
CPHU	County Public Health Unit
CS	Cesarean Section
CSF	Cerebrospinal Fluid
DAC	Disabled Adult Child
DBS	Division of Blind Services
DCF	Department of Children and Families
DD	Developmental Disabilities
DDC	Developmental Disabilities Council
DEI	Developmental Evaluation and Intervention
D&E	Diagnosis and Evaluation
DOE	Department of Education
DOH	Department of Health
DS	Developmental Services
Dx	Diagnosis
ECG	Electrocardiogram
ECMO	Extracorporeal Membrane Oxygenation
ED/EH	Emotional Disorder/Emotionally Handicapped
EEG	Electroencephalogram
EI	Early Intervention
EIP	Early Intervention Program
EMR/EMH	Educable Mentally Retarded/ Handicapped
ENT	Ear, Nose and Throat
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ESE	Exceptional Student Education
FAPE	Free Appropriate Public Education
FAS	Fetal Alcohol Syndrome
FDLRS	Florida Diagnostic & Learning Resources System
FEFP	Florida Education Funding Program
FHR	Fetal Heart Rate
FICCIT	Florida Interagency Coordinating Council for Infants and Toddlers
FL ARF	Florida Association for Rehabilitation Facilities
FND	Family Network on Disabilities
FRS	Family Resource Specialist
FSDB	Florida School for the Deaf and Blind

FSP	Family Support Plan
FTE	Full Time Equivalency
FTT	Failure to Thrive
GI	Gastrointestinal
HHSB	Health and Human Services Board
HI/HH	Hearing Impaired/Handicaps
HMO	Health Maintenance Organization
HRAC	Human Rights Advocacy Committee
Hx	History
IBC	Infant Bioethics Committee
ICC	Interagency Coordinating Council
ICF	Intermediate Care Facility
ICRC	Infant Care Review Committee
ID	Immune Deficiency
IDEA	Individuals with Disabilities Education Act
IDT	Interdisciplinary Team
IEP	Individualized Education Plan
IFSP	Individualized Family Service Plan (Florida's Family Support Plan)
IH	Infantile Hydrocephalus
IHP	Individualized Habilitation Plan
I&O	Intake and Output
IQ	Intelligence Quotient
I&R	Information & Referral
IS	Infant Stimulation .
ISP	Individual Service Plan
ITP	Individualized Transition Plan
IUGR	ntrauterine Growth Retardation
IVH	Intraventricular Hemorrhage
IV	Intravenous
LBR	Legislative Budget Request
LBW	Low Birth Weight
LD	Learning Disability
LEA	Local Education Agency
LICC	Local Interagency Community Collaboration
LRE	Least Restrictive Environment
LT	Language Therapy
MA	Mental Age
MBD	Minimal Brain Dysfunction
MCH	Maternal and Child Health
MD	Muscular Dystrophy
MDT	Multidisciplinary Team
MR	Mental Retardation
MRI	Magnetic Resonance Imaging
MS	Multiple Sclerosis
NAEYC	National Association for the Education of Young Children
NEC	Necrotizing Enterocolitis
NEC*TAS	National Early Childhood*Technical Assistance System
NICHCY	National Information Center for Children and Youth with Disabilities
NICU	Neonatal Intensive Care Unit
NORD	National Organization for Rare Disorders
NPND	National Parent Network on Disabilities
NPO	Nothing by mouth
NSVD	Normal Spontaneous Vaginal Delivery
NTD	Neural Tube Defect
OH	Orthopedically Handicapped
OI	Osteogenesis Imperfecta
OM	Otitis Media
OSEP	Office of Special Education Programs
OT	Occupational Therapy/Therapist
PASS	Plan for Achieving Self-Support
PCA	Personal Care Attendant
PDD	Pervasive Developmental Disorder
PH	Physically Handicapped
PI	Physically Impaired
PICU	Pediatric Intensive Care Unit
PKU	Phenylketonuria
PMR/PMH	Profoundly Mentally Retarded/ Handicapped
PPEC	Prescribed Pediatric Extended Care
PRN	Whenever Necessary
PRO	Parent Resource Organization
PSC	Primary Service Coordinator
PT	Physical Therapy/Therapist
RDS	Respiratory Distress Syndrome
REFER	Software the Central Directory Network is using
RPC	Regional Policy Council
RPICC	Regional Perinatal Intensive Care Center
R&R	Resource and Referral
RT	Recreational Therapy
Rx	Prescription
SCAN	Suspected Child Abuse and Neglect
SEA	State Education Agency
SED	Severely Emotionally Disturbed
SEDNET	Severely Emotionally Disturbed Network
S/LI	Speech/Language Impaired
S/LT	Speech/Language Therapy
SGA	Small for Gestational Age
SIDS	Sudden Infant Death Syndrome
SLD	Specific Learning Disabilities
SSDI	Social Security Disability Income
SSI	Supplementary Security Income
ST	Speech Therapy
TA	Technical Assistance
TDD	Telecommunications Device for the Deaf
TMR/TMH	Trainable Mentally Retarded/ Handicapped
TPN	Total Parental Nutrition
Tx	Treatment
UCP	United Cerebral Palsy
URI	Upper Respiratory Infection
UTI	Urinary Tract Infection
VE	Varying Exceptionalities
VI/VH	Visually Impaired/Handicapped
VLBW	Very Low Birth Weight
VR	Vocational Rehabilitation
VS	Vital Signs
WIC	Women, Infants and Children Program

MEDICAL CONDITIONS AND DISORDERS

PHYSICAL DISABILITY, IMPAIRMENT OR DELAY

Any of a variety of conditions that may be due to muscular, skeletal or neuro-muscular disorders, paralysis or loss of one or more limbs which impose physical limitations of the individual including an impaired ability to walk, stand or use one's hands.

- **Cerebral palsy** – A nonprogressive paralysis that is caused by developmental defects in the brain or trauma at birth that results in loss of muscular control, spasms, weakness and speech problems. There are a number of forms of cerebral palsy including ataxia, athetosis, rigidity, spasticity and tremor.
- **Muscular dystrophy** – A familiar disease that is characterized by progressive atrophy and wasting of the muscles.
- **Spina bifida** – A congenital defect in the walls of the spinal cord caused by lack of union between the laminae of the vertebrae. As a result of this deficiency, the membranes of the cord are pushed through the opening forming the spina bifida tumor.

MENTAL DISABILITY OR DELAY

Any mental defect or characteristic resulting from a congenital abnormality, traumatic injury, or disease that impairs normal intellectual functioning and prevents a person from participating normally in the activities appropriate for his particular age group.

- **Down syndrome (Trisomy 21)** – A variety of congenital developmental disorder that is marked by sloping forehead, presence of epicanthal folds, gray or very light yellow spots at the periphery of the iris, short broad, hands with a single palmer crease, a flat nose or absent bridge, low set ears and generally short physique.
- **Fragile X Syndrome** – A condition of an x-linked mutation association with a fragile site near the tip of the long arm of the x chromosome. Most males and 30% of females with this mutation are mentally deficient. The males also develop greatly enlarged testicles after puberty.
- **Tuberous sclerosis** – A syndrome that is manifested by convulsive seizures, progressive mental disorder, benign sebaceous tumors on the face, and tumors of the kidneys and brain with projections into the cerebral ventricles.

MEDICAL CONDITION

Baby or young child who routinely needs special medical attention.

- **Nasogastric (NG) tube** – A nasogastric tube is a rubber or plastic tube that passes through the nose, down the throat and esophagus (food pipe) and into the stomach. NG tubes may be used for feedings, fluids or medicines when a child cannot take these by mouth.
- **Multiple oral medications** – When a child takes multiple prescription medicines on a regular basis.
- **Ventilator dependent** – Any person who is dependent on a device used to provide assisted respiration and positive pressure breathing.

DEVELOPMENTAL DELAY

A term used when a baby or young child has not achieved new abilities within normal time range and has a pattern of behavior that is not appropriate for his age.

- **Birth injuries** – Physical or neurological injuries to the neonate that are caused by difficulties in the birth process.

- **Fetal alcohol syndrome** – Birth defects in infants arising from the mother's chronic alcoholism during the gestation period. The syndrome has a specific pattern of malformation involving a prenatal onset of growth deficiency, developmental delay, cranio-facial anomalies and limb defects.
- **Shaken infant (baby) syndrome** – A condition that can occur when a baby is shaken so violently that his or her brain, spine or spinal cord is injured. Long term complications include mentally handicapped, paralysis, vision loss and possibly death.

SIGNIFICANT VISION OR HEARING IMPAIRMENT

Visually impaired - Eye or optic nerve malfunctions which prevent affected individuals from seeing normally.

Hearing impairments - A defect in one or more parts of the ear and its associated nerve pathways that lead from the ear to the brain which prevents the individual from adequately hearing, receiving or attending to faint speech, ordinary conversational speech, loud speech or other sounds.

- **Blindness** – A condition in which affected individuals have central visual acuity of 20/200 or less in the better eye with maximal correction, or a peripheral field of vision that is so contracted that its widest diameter subtends an angle no greater than twenty degrees. These individuals are termed legally blind. Educationally blind individuals are people whose visual impairments are such that they principally read braille.
- **Cockayne's Syndrome** – An heredity syndrome transmitted as an autosomal recessive trait, consisting of dwarfism with retinal atrophy and deafness, associated with progeria, prognathism, mental retardation and photosensitivity.
- **Deafness** – A hearing loss that is so severe at birth and in the perlingual period (before the child is two to three years of age) that the normal spontaneous development of language is precluded.

SERIOUS BEHAVIORAL DISORDERS

Behavior which seriously interferes with the normal life of a person or the lives of those with whom he lives or works; may be caused by environmental, emotional or psychiatric factors.

- **Prader-Willi syndrome** – A rare, incurable and sometimes fatal disease of childhood that is characterized by short stature; lack of muscle tone, size and strength; underdeveloped or small genitals; an insatiable appetite which leads to obesity if untreated; and cognitive delays in most cases.
- **Tourette's syndrome** – A neurological movement disorder which begins when the individual is age two to sixteen and characterized by rapidly repetitive muscular movements called "tics" including rapid eye blinking, shoulder shrugging, head jerking, facial twitches or other torso/limb movements; and involuntary vocalizations including repeated sniffing, throat clearing, coughing, grunting, barking or shrieking.

SPEECH AND LANGUAGE DELAY OR IMPAIRMENT

Any of a number of conditions that interfere with the individual's ability to produce audible utterances to such a degree that the resultant sounds do not serve satisfactorily as the basic tool for oral expression. Speech disabilities fall into several categories; articulation problems in which speech sounds are omitted, replaced by substitute sounds or distorted; voice problems in which pitch, loudness or quality of voice are affected; and stuttering.

- **Articulation Disorders** – same as above.
- **Echolalia**- An automatic repetition of sounds, words and phrases, including responding to questions by repeating the ending of the question rather than processing and answering it.
- **Cleft lip/cleft palate** – A congenital fissure in the upper lip and/or the roof of the mouth which forms a communicating passageway between the mouth and nasal cavities. This condition may lead to articulation and voice problems.

SEIZURE DISORDERS

Seizures are characterized by uncontrolled movements of the muscles of the body or change in alertness or behavior. They are caused by certain abnormalities in the brain. In the normal brain, there is organized electrical activity which is always present. A seizure happens when bursts of unorganized electrical impulses interfere with the normal brain electrical activity. A burst is the sudden appearance of electrical impulses. The different types of seizures are caused by different kinds of electrical bursts or by electrical bursts in different parts of the brain.

- **Tonic-clonic (also known as Grand mal)** seizures are the most common type of seizure. First the child goes through the tonic phase with loss of consciousness, stiffening of the body, drooling, heavy breathing, and at times loss of bladder and bowel control. This followed by the clonic phase during which the muscles change from rigid to relaxed. The seizure is often followed by a post-ictal state which is a period of sleepiness or confusion.

- **Absence (Petit mal)** – These seizures often involve very brief periods of staring as if the child is daydreaming. Often the child will have no change in muscle tone. For example, if standing the child does not fall. There will be a momentary loss of consciousness and the child will not know what happened during the brief time of the seizure.

- **Infantile (Infantile myoclonic)** – Occur during the first two years of life and usually before one year of age. During infantile seizures, children may demonstrate different signs of seizure activity, such as brief nodding of the head or flexing the head and arms many times during the day.

- **Partial – simple (focal)** – seizure may involve any part of the body. The term simple means that generally there is no loss of consciousness.

- **Complex (psychomotor)** – seizures are similar to the simple partial seizures in that only a part of the body is involved. The term complex means that there is the additional component of mental confusion, behavioral symptoms and loss of consciousness. These seizures are often followed by a period of confusion.

ADHD/ADD

(Attention deficit disorder with hyperactivity)/ (attention deficit disorder without hyperactivity)

A disorder in which developmentally inappropriate inattention and impassivity are exhibited. There are two subtypes: Attention deficit disorder with hyperactivity and attention deficit disorder without hyperactivity. Some characteristics are: not staying on task, difficulty organizing and completing work, inability to stay with activities for periods of time appropriate for child's age, failure to follow through on parental requests. Symptoms may vary with situation and time, i.e. home, school, groups, and one-on-one interactions.

AUTISM

A lifelong developmental disability which affects communication and behavior and which usually appears before age three. It is characterized by lack of meaningful speech or inappropriate speech; withdrawn, anti-social and/or affectionless behavior; a fascination with objects rather than with people; prolonged odd body movements; a hypersensitivity to stimuli; stereotypic and compulsive behavior; and a failure to initiate or relate to people.

CYSTIC FIBROSIS

An inherited disease that affects the pancreas, respiratory system and sweat glands, which usually begins in infancy and is characterized by chronic respiratory infection, pancreatic insufficiency and heat intolerance. Prognosis is not good as there is no cure, but antibiotics and new treatments have prolonged the life of many patients.

DIABETES

A disorder in which the pancreas produces too little insulin with the result that the body is unable to adequately metabolize sugar. Principal symptoms are elevated blood sugar, sugar in the urine, excessive urine production and increased food intake. Complications of diabetes if left untreated include low resistance to infections leading to a susceptibility to gangrene, cardiovascular and kidney disorders, disturbances in the electrolyte balance and eye disorders, some of which may lead to blindness.

SEVERE ALLERGIES

A condition in which the individual has an acquired hypersensitivity to substances that normally do not cause a reaction. Manifestations most commonly involve the respiratory tract or skin and include eczema, hives, nasal discharge and inflammation of the nasal mucous membrane.

SEVERE ASTHMA

A disorder of the bronchial system that is characterized by labored breathing accompanied by wheezing that is caused by a spasm of the bronchial tubes or by swelling of their mucous membrane. Recurrence and severity of attacks is influenced by secondary factors: mental or physical fatigue, exposure to fumes, endocrine changes at various periods in life and emotional situations.

DICTIONARY OF TERMS USED IN SPECIAL EDUCATION

Note: The following definitions have been compiled from a variety of sources. The content of this dictionary does not necessarily represent definitions endorsed by the U.S. Department of Education.

Adaptive development
Development of the child in comparison to other children the same age. This might include the child's ability to dress, eat without the assistance of others, toilet training, how he plays with other children, how he plays alone, understanding dangers in crossing the street, how he behaves if mother leaves the room, etc.

Advocate
Someone who takes action to help someone else (as in "Educational advocate"); also, to take action on someone's behalf

Amendment
Change, revision, or addition made to a law

Appeal
A written request for a change in a decision; also, to make such a request

Appropriate
Able to meet a need; suitable or fitting; in special education, it usually means the most normal situation possible

Assessment
A collecting and bringing together of information about a child's needs, which may include social, psychological, and educational evaluations used to determine services; a process using observation, testing, and test analysis to determine an individuals' strengths and weaknesses in order to plan his or her educational services

Assessment team
A team of people from different backgrounds who observe and test a child to determine his or her strengths and weaknesses

At risk
A term used with children who have, or could have, problems with their development that may affect later learning

Child Find
A service directed by each state's Department of Education or lead agency for identifying and diagnosing unserved children with disabilities; while Child Find looks for all unserved children, it makes a special effort to identify children from birth to six years old

Cognitive
A term that describes the process people use for remembering, reasoning, understanding, and using judgment; in special education terms, a cognitive disability refers to difficulty in learning

Comprehensive service system
Refers to a list of 14 areas each participating state is to provide under the Early Intervention Program for Infants and Toddlers (Part H). These 14 points range from definition of developmentally delayed, to guidelines for identification, assessment, and provision of early intervention services for the child and family

Counseling
Advice or help given by someone qualified to give such advice or help (often psychological counseling)

Developmental
Having to do with the steps or stages in growth and development before the age of 18 years

Developmental history
The developmental progress of a child (ages birth to 18 years) in such skills as sitting, walking, talking or learning

Developmental tests
Standardized tests that measure a child's development as it compares to the development of all other children at that age

Disability
The result of any physical or mental condition that affects or prevents one's ability to develop, achieve, and/or function in an educational setting at a normal rate

Due process (procedure)
Action that protects a person's rights in special education, this applies to action taken to protect the educational rights of students with disabilities

Early interventionist
Someone who specializes in early childhood development, usually having a Master's degree or Ph.D. in an area related to the development of infants, toddlers, and preschoolers

Early intervention policies
See policy/policies

Early intervention services or programs
Programs or services designed to identify and treat a developmental problem as early as possible; before age 2-3 (services for 3-5 year olds are referred to as preschool services)

Eligible
Able to qualify

Evaluation (as applied to children from birth through two years of age)
The procedures used to determine if a child is eligible for early intervention services; (as applied to preschool and school-aged children) the procedures used to determine whether a child has a disability and the nature and extent of the special education and related services the child needs

Free appropriate public education [often referred to as FAPE]
One of the key requirements of the IDEA, which requires that an education program be provided for all school-aged children (regardless of disability) without cost to families; the exact requirements of "appropriate" are not defined, but other references within the law imply the most "normal" setting available

Handicap
See disability

Identification
The process of locating and identifying children needing special services

Lead agency
The agency (office) within a state or territory in charge of overseeing and coordinating the service system for children ages birth through 2

Least Restrictive Environment (LRE)
An educational setting or program that provides a student with disabilities with the chance to work and learn to the best of his or her ability; it also provides the student as much contact as possible with children without disabilities, while meeting all of the child's learning needs and physical requirements

Multidisciplinary
A team approach involving specialists from more than one discipline, such as a team made up of a physical therapist, a speech and language pathologist, a child development specialist, an occupational therapist, or other specialists as needed

Occupational therapy
A therapy or treatment provided by an occupational therapist that helps individual developmental or physical skills that will aid in daily living; it focuses on sensory integration, on coordination of movement, and on fine motor and self-help skills, such as dressing, eating with a fork and spoon, etc,.

Parent training and information programs
Programs that provide information to parents of children with special needs about acquiring services, working with schools and educators to ensure the most effective educational placement for their child, understanding the methods of testing and evaluating a child with special needs, and making informed decisions about their child's special needs

Physical therapy
Treatment of (physical) disabilities given by a trained physical therapist (under doctor's orders) that includes the use of massage, exercise, etc, to help the person improve the use of bones, muscles, joints and nerves

Placement
The classroom, program, service, and/or therapy that is selected for a student with special needs

Policy/policies

Rules and regulations; as related to early intervention and special education programs, the rules that a state or local school system has for providing services for and educating its students with special needs

Private agency

A non-public agency which may be receiving public funds to provide services for some children

Private therapist

Any professional (therapist, tutor, psychologist, etc.) not connected with the public school system or with a public agency

Program(s)

In special education, a service, placement, and/or therapy designed to help a child with special needs

Psychologist

A specialist in the field of psychology, usually having a Master's degree or Ph.D. in psychology

Public agency

An agency, office or organization that us supported by public funds and serves the community at large

Public Law (P.L.) 94-142

A law passed in 1975 requiring that public schools provide a "free appropriate public education" to school-aged children ages 3-21 (exact ages depend on your state's mandate., regardless of disabling condition; also called the *Education For All Handicapped Children Act of 1975* or the *Education of the Handicapped Act (EHA)*, with recent amendments now called the *Individuals with Disabilities Education Act (IDEA)*

Public Law (P.L.) 102-119

Passed in 1991, this is an amendment to the Individuals with Disabilities Education Act (IDEA), which requires states and territories to provide a "free appropriate public education" to all children ages 3-5; and provides funds for states and territories to plan and implement a comprehensive service system for infants and toddlers (ages birth through 2 years) with disabilities

Related services

transportation and development, corrective, and other support services that a child with disabilities requires in order to benefit from education, examples of related services include speech/language pathology and audiology, psychological services, physical an occupational therapy, recreation, counseling services, interpreters for those with hearing impairments, medical services for diagnostic and evaluation purposes, and assistive technology devices and services

Service coordinator

Someone who acts as a coordinator of an infant's or toddler's services, working in partnership with the family and providers of special programs; service coordinators may be employed by the early intervention agency

Services/service delivery

The services (therapies, instruction, treatment) given to a child with special needs

Social or emotional (development)

The psychological development of a person in relation to his or her social environment

Special education

See special education programs and services

Special education coordinator

The person in charge of special education programs at the school. District. Or state level

Special education programs/services

Programs, services, or specially designed instruction (offered at no cost to families) for children over 3 years old with special needs who are found eligible for such services; these include special learning methods or materials in the regular classroom and special classes and programs if the learning or physical problems indicate this type or program

Special needs – (as in "special needs" child)

A term to describe a child who has disabilities or who is at risk of developing disabilities and who, therefore, requires special services or treatment in order to progress

Speech/language pathology

A planned program to improve and/or correct communication problems

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28

For additional information concerning children with disabilities and special health care needs or to request additional copies, please call:

The Florida Directory of Early Childhood Services (Central Directory Network)

1-800-654-4440

prepared by

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